

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17700

State File No.

Registrar's No. 65

Primary Registration District No. 4143

Registration District No. 218

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Blackwater Township
(c) Name of hospital or institution Blackwater
(If not in hospital or institution, write street number or location)
(d) Length of stay: 12 hospital or institution days (Specify whether)
In this community Whole life years, months or days

3. (a) PRINT FULL NAME

Mr. Lester Marshall

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 5. Color of Wh race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Leila May Marshall 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Nov 23 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 15 hr. min.

9. Birthplace Saline Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER { 12. Name William Marshall
13. Birthplace Cooper Co. Mo
14. Maiden name Martha V. Marshall
15. Birthplace Cooper Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant J. W. Latham

(b) Address Brentwood, Mo.

17. (a) Burial (b) Date thereof May 11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saline Fork Cemetery

18. (a) Signature of funeral director Campbell Lewis

(b) Address Marshall Mo.

19. (a) May 11-43 (b) Dr. Chas. Swab
(Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper
(c) City or town Blackwater
(If outside city or town limits, write "RURAL")
(d) Street No. "Rural"
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1943 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Nov 23 1882 to May 7 1943
that I last saw him alive on Nov 23 1882 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of heart

Due to Acute Dilatation of heart

Due to Acute Dilatation of heart

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 9504

Of autopsy 9504

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Coroner
(b) Date of occurrence May 7 1943

(c) Where did injury occur? Boonville Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work Boonville Mo (Specify type of place) (e) Means of injury Coroner

23. Signature Boonville Mo (M.D. or other) Coroner

Address Boonville Mo Date signed 5/8/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-1-13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Registered Apprentice No., working under my personal supervision.

Signed

Jan. H. Rennie

Licensed Embalmer No. 1171

P. O. Address Marshall Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.